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Joseph J. Borovian
Type or print name

Joseph J. Borovian
Signature

August 21, 2001
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

RETO NAEF

APPLICATION NO: 09/883,572

FILED: JUNE 18, 2001

FOR: CGMP PDE 5 INHIBITORS FOR INHALATION IN THE TREATMENT
OF SEXUAL DYSFUNCTION

Assistant Commissioner for Patents
Washington, D.C. 20231

LETTER CORRECTING OFFICIAL FILING RECEIPT

Sir:

The official filing receipt received in the above-identified application erroneously lists the title. Please issue a corrected filing receipt listing the title as follows:

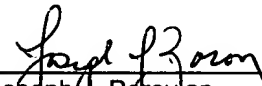
-- cGMP PDE 5 INHIBITORS FOR INHALATION IN THE TREATMENT OF SEXUAL
DYSFUNCTION --

A copy of the filing receipt with the correction noted is enclosed.

Applicant believes this error is ascribable to the Patent Office. Accordingly, no fees are required. However, if this is incorrect, the Commissioner is hereby authorized to charge the \$25 fee under 37 CFR §1.19(h) and any additional fees that may be required to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Respectfully submitted,

Novartis Corporation
Patent and Trademark Dept.
564 Morris Avenue
Summit, NJ 07901-1027
(908) 522-6932



Joseph J. Borovian
Agent for Applicant
Reg. No. 26,631

Date: August 21, 2001

Encls: copy of the filing receipt
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Page 1 of 3

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/883,572	06/18/2001	1619	710	4-30754A/21/H012		20	2

001095

THOMAS HOXIE

NOVARTIS CORPORATION

PATENT AND TRADEMARK DEPT

564 MORRIS AVENUE

SUMMIT, NJ 079011027

CONFIRMATION NO. 2901

FILING RECEIPT



OC000000006414037

Date Mailed: 08/13/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Reto Naef, Rheinfelden, SWITZERLAND; ✓

Domestic Priority data as claimed by applicant**Foreign Applications**

PCT/EP99/10250 12/21/1999 ✓

UNITED KINGDOM 9828340.1 12/22/1998 ✓

If Required, Foreign Filing License Granted 08/10/2001

Projected Publication Date: 11/22/2001

Non-Publication Request: No

Early Publication Request: No

Title

cGMP PDE 5 Inhibitors for inhalation in the treatment of sexual dysfunction

Preliminary Class

424

Inhibitors

dysfunction

Data entry by : BERHIE, RUTH

Team : OIPE

Date: 08/13/2001



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CONFIRMATION NO. 2901



Bib Data Sheet

SERIAL NUMBER 09/883,572	FILING DATE 06/18/2001 RULE	CLASS 424	GROUP ART UNIT 1619	ATTORNEY DOCKET NO. 4-30754A	
APPLICANTS Reto Naef, Rheinfelden, SWITZERLAND;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** PCT/EP99/10250 12/21/1999 UNITED KINGDOM 9828340.1 12/22/1998					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS 001095					
TITLE cGMP PDE 5 Inhibitors for inhalation in the treatment of sexual dysfunction					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		